

CASH PURCHASE OR CHANGE FUND AUTHORIZATION

AFS-113 (6/22/04)

See Instructions and Cover Memo worksheets on this Excel file.

Mail To:
 Department of General Services
 SRF Fiscal Services IMS Z-1
 707 Third Street, 10th Floor
 West Sacramento, CA 95605

FOR ACCOUNTING USE ONLY
 Office Revolving Fund Check

 Type: **Prepayment**
 Prepayment Type: **Permanent**

(a) CHECK ONE BOX

Cash Purchase Fund (used to purchase goods/services and obtain receipts to replenish fund)
 Change Fund (used to setup money for a cash drawer to make change only)

(b) ACCOUNTING FLEX FIELD

FUND (8 digits)	COST CENTER	ACCOUNT	ACTIVITY	FISCAL YEAR	NOT IN USE
	00000	017100	000000	0000	000000

(c) ACTIVITY Check One Box

1. New Fund	<input type="checkbox"/>	(to setup/establish a new Cash Purchase or Change Fund)	Amount	\$
2. Change Amount	<input type="checkbox"/>	(to increase or decrease current fund amount)	Current Fund Amount	New Fund Amount
			\$	\$
			\$	\$
3. Close Fund	<input type="checkbox"/>	(to return funds to SRF Fiscal Services)	Current Fund Amount	Total Receipts Attached & STD 439's
			\$	\$
			\$	\$

The Cash Purchase or Change Fund Custodianship cannot be transferred.
SAM Section 8111.2 Custodian will be personally responsible for the amount advanced from the Office Revolving Fund.

4. Custodian's Name (Print) _____ Phone No () _____

Custodian's Signature _____ Agency Payroll Reporting Unit Code _____ (6 digits)

Office Name _____

Office Address _____

(d) AUTHORIZATION

The DGS-1 Document Approval & Security Authorization is on file to establish and make changes to Cash Purchase or Change Fund.

Authorized Name (Print) _____

Authorized Signature _____ Date _____

(e) RELEASE CHECK - Check One Box

Mail to Office Office Pickup at BSO

FOR ACCOUNTING USE ONLY

DGS Invoice Type & Pay Group: **Cash Purchase Fund (RF)**
 Invoice Number: **Cash Purchase** is CP plus current date (Example: CP062204)
Change Fund is CF plus current date (Example: CF062204)

CHECK RELEASED
 Released by _____ Date _____ Check Number _____ Check Date _____

INSTRUCTIONS - CASH PURCHASE OR CHANGE FUND AUTHORIZATION (AFS-113)

(REV 6/22/04)

The Cash Purchase or Change Fund Authorization form is used by the DGS Offices to setup/establish a fund, to change the amount of the current fund, and to close/return the fund to SRF Fiscal Services.

(a) CHECK ONE BOX

Cash Purchase Fund *(used to purchase goods/services and obtain receipts to replenish fund)*

Change Fund *(used to setup money for a cash drawer to make change only)*

(b) ACCOUNTING FLEX FIELD

FUND - enter 8 digits that identifies both the fund and the office/branch/section. The Office representative or your Financial Analyst will be able to provide this information, if needed.

(c) ACTIVITY

1. **New Fund**
 - Check this box to **setup/establish** a new Cash Purchase or Change Fund.
 - Enter the amount needed for the new fund (e.g., \$25-50-75-100)

2. **Change Amount**
 - Check this box when the current fund amount is to be **decreased or increased**.
 - Current Fund Amount
 - Enter the current fund amount.
 - New Fund Amount
 - Enter the **new total** amount of the fund.
 - (-) Check Attached
 - Enter the amount of the **decrease** to the current fund. Attach a personal check.
 - (+) Check to be Issued
 - Enter the amount of the **increase** to the current fund. Check will be issued to Custodian.

3. **Close Fund**
 - Check this box to **close/return** the funds to SRF Fiscal Services.
 - Current Fund Amount
 - Enter the current fund amount.
 - Total Receipts Attached & STD 439's
 - Enter the **total receipt amounts** (requires the STD 439 Disbursement Voucher for each vendor's receipt).
 - Check Attached for Cash on Hand
 - Enter the **amount of the check to return the cash on hand** portion of the closed fund. Personal check may be used. NOTE: The receipts and check **equal** the current fund amount.

4. **Custodian's Name**
 - Legible printing will ensure the correct spelling on the check.
 - Phone No
 - Custodian's area code and phone number
 - Custodian's Signature
 - By signing this form, the Custodian takes personal responsibility for the reimbursement of any **losses** to the fund.
 - Agency Payroll Reporting Unit
 - Enter the 6 digit Agency Payroll Reporting Unit Code.
 - Office Name
 - Name of the DGS Office setting up the fund.
 - Office Address
 - Mailing address of the DGS Office.

(d) AUTHORIZATION

Please **print** the authorized name and obtain authorized signature and date.

The authorized signature must have the DGS-1 Document Approval & Security Authorization on file to establish, to make changes, and to close the Cash Purchase or Change Fund amount.

(e) RELEASE CHECK

Please check the appropriate box for the check to be mailed to your Office, or the check is to be picked up at the Business Services Office.

COVER MEMO

Date: _____

To: Department of General Services
 SRF Fiscal Services IMS Z-1
 707 Third Street, 10th floor
 West Sacramento, CA 95605

Subject: REPLENISH CASH PURCHASE FUND

The attached STD-439 Disbursement Vouchers - **TOTAL**
(Do not mix fiscal year vouchers)

\$	
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Please issue an **Office Revolving Fund Check** to:

(print custodian's name)

ACCOUNT EXPENDITURE CODES

FUND (8 digits)	COST CENTER	ACCOUNT	ACTIVITY	FISCAL YEAR	AMOUNT
TOTAL VOUCHERS					

PROJECT	TASK	EXPENDITURE TYPE	FISCAL YEAR	AMOUNT
TOTAL VOUCHERS				

AUTHORIZATIONS per DGS-1 Document Approval & Security Authorization	
Custodian's Name (print)	<i>(signature)</i>
Authorized Name (print)	<i>(signature)</i>
DGS Office Name (print)	